

Summer Camp Emergency Medical Release

Parent/Guardian must complete:

Campers Name: _____ Grade entering fall 2016 _____

Age: _____ Date of Birth: _____ Home Phone Number: _____

Address: _____

Emergency Contact Information:

Parent/Guardian: _____ Cell: _____

Work: _____ Address (if different from camper): _____

Additional Contact person: _____ Relationship to camper: _____

Phone Number: _____

Camper's Physician: _____ Phone Number: _____

Summer Camp Insurance Information

Is the participant covered by family medical insurance? Yes _____ No _____

If yes, please indicate carrier or plan name: _____

Primary insured: _____

Group Number and or Policy Number: _____

Relationship of Insured to Camper: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the medical personnel selected by the City of Wyoming to provide transportation and obtain medical care for my child. In the event neither my emergency contact nor I can be contacted, I hereby give permission to obtain treatment, including hospitalization for my child (Name) _____

Signature of Parent/Guardian _____ Date _____